and much that is suggestive of important trains of reflection within a small compass. His writings excite and sustain the reader's attention. In his little work on the *Renewal of Life* he treats of the various subjects in a fragmentary style, confining himself to the salient points of inquiry; but this feature of the work, arising from the fact of its being made up of clinical lectures, will not render it less attractive to the medical reader. The work is, in many respects, open to criticism. The soundness of the author's reasoning may not unfrequently be called in question, and there seem to us to be palpable inconsistencies between the doctrine of "restorative medicine" and the author's practice. But it is a work well suited to awaken thought and inquiry in a right direction, and we are not surprised to hear that already it has passed to a second English edition. So soon as our domestic troubles permit the medical publishers of this country to resume their wonted activity, we shall expect to see the work in an American dress. A. F.

ART. XV.—*Medico-Chirurgical Transactions.* Published by the Royal Medical and Chirurgical Society of London. Vol. XLV. (2d Series, Vol. the twenty-seventh.) London, 1862. 8vo. pp. 497.

THIS volume contains twenty-four original communications. Abstracts of fourteen of these having been already given in the quarterly summaries in numbers of this Journal for last year, we shall now notice only the other papers in the volume.

I. *Observations in the discovery of the original obstetric instruments of the Chamberlens.* By ROBERT LEE, M. D.—This paper, as detailing several circumstances connected with the history of the Chamberlens, and with the introduction of the midwifery forceps in the practice of obstetrics, will be read with interest, particularly by those who study and practice that department of medical science. Dr. Lee does not appear to question at all that the Chamberlens were the first to use forceps.

II. *On certain grave evils attending Tenotomy, and on a new method of curing Deformities of the Foot.* By RICHARD BARWELL, F. R. C. S. E. —An abstract of this paper is published in the number of this Journal for January, 1862. It is one of importance, as calling attention forcibly to the too much neglected fact that, in certain cases of deformity of the foot, division of the tendons only aggravates the patient's condition, and also as indicating a most promising mode of treatment; instead of destroying by an incision the action of the muscles by which the foot is turned, Mr. Barwell, by an ingenious apparatus, assists the action of those that are not sufficiently powerful to keep it straight. In this apparatus, which is not very clearly described in the volume before us, and still less clearly in the abstract referred to, an inextensible piece of stout adhesive plaster is fastened to the foot all over the course of the *tendon* of the feeble muscle, and an elastic cord, following the course of the *muscle*, is fastened to the end of the plaster below and to a hook above. This hook, in the apparatus described by Mr. Barwell, is held in position by being attached to the upper extremity of a piece of tinned iron bound to the leg by adhesive strips. If this hook, to which the upper extremity of the elastic band is attached, were held in place by some contrivance not interfering with the free play of the muscles of the leg, the apparatus, it seems to us, would be much improved. Mr. Barwell's paper is accompanied by a plate containing five figures, illustrating the application of the apparatus in various malpositions of the foot.

III. *Congenital Malformation of the Eyes in three children of one family.* By THOMAS NUNNELEY, F. R. C. S. E.—The malformation in the three cases mentioned in this paper consisted, in one, in total absence of the iris in both eyes, and in the others in the irides being dull, thin, and tremulous. Though the eyes in all the cases were irritable and painfully affected by very strong light, yet vision was pretty good. In the work of Desmarres on diseases of the eye, the frequency with which irideremia is seen in several members of a family is spoken of, and a most curious example is given, to which we would refer those particularly interested in this affection, and also those interested in the interesting study of the inheritance of deformities. (Desmarres, *Mal. des Yeux.* Tome deuxième, page 457. Paris, 1855.)

IV. *Observations on the division of the Gustatory Nerve, and on ligature of the Lingual Artery, in the treatment of Cancer of the Tongue.* By CHARLES H. MOORE, F. R. C. S. E.—An abstract of this paper is published in the number of this Journal for January, 1862. The operations recommended by Mr. Moore, though not curative, yet have afforded such decided relief, that surgeons should be encouraged to practise them, as making life less insupportable in one of the most distressing affections to which the human body is liable.

A plate is attached to this communication, representing a vertical median section of the bones of the face, for the purpose of marking the place where the gustatory nerve is recommended to be divided.

V. *A case of Osteo-malacia.* By ROBERT BARNES, M. D. Communicated by Mr. T. B. Curling, F. R. S.—Dr. Barnes has submitted the very interesting case of osteo-malacia, here recorded, to the Royal Medical and Chirurgical Society for the reason that in the Transactions of this Society is to be found a great part of all the original information that has been contributed by English authors concerning that rare and formidable disease.[1]

The patient was a woman, forty years of age, married, but never pregnant, who had enjoyed good health, and who belonged to a healthy family. The clavicles, the scapulæ, and the bones of the head and the extremities were not affected by the disease, and those bones of the trunk suffered most the bulky part of which is largely formed of cancellous tissue. Under the use of cod-liver oil, which has been recommended by Breslaw and others as beneficial in cases of softening of the bones, the progress of the disease was arrested, and the patient restored to health.

The most interesting portion of the paper is the account of the analysis of the urine made at various times. The characters of this secretion may be briefly summed up as follows: During the active stage of the disease it contained a large excess of urea, of alkaline and earthy phosphates, and of extractive. It also almost constantly contained small quantities of sugar. It is worthy of note that in a case related by Beylard, who has written by far the most complete account of osteo-malacia that has yet been published, a number of calculi were removed from the kidneys after death. These calculi were found, on chemical analysis, "to be, so to speak, exempt from uric acid, and from ammoniaco-magnesian phosphates, and to be formed entirely of phosphate of lime and of organic matter."[1]

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[1] See vols. vii., viii., xv., xvii., and xx. for papers on the subject.

VI. *On some affections of the Cæcal portions of the Intestines.* With illustrative cases. By FREDERICK GEORGE REED, M. D.—A full abstract of this important paper is published in the number of this Journal for April, 1862. In an appendix attached to the paper in the volume before us, the reasons are given why Sir Benjamin Brodie recommends patients with cæcal fistula to remain recumbent on the face night and day for several months, and also for the administration of one drachm doses of powdered cubebs. In all those cases of rupture of the cæcum followed by abscess, which Sir Benjamin Brodie has had the opportunity of examining after death, on dissection, the opening has been uniformly at the posterior part of the intestine; consequently, the object of the patient maintaining the prone position on the face becomes obvious. The use of powdered cubebs pepper was suggested from it having been found to be often very beneficial in cases of internal piles, and especially useful when the patient suffers from hemorrhage in consequence. The powdered cubebs pepper seems to act by mixing with the feces and becoming a topical application to the mucous membrane of the bowel. In the case related by Dr. Reed the grains of pepper were daily recognizable in the fecal matter passing through the fistulous opening. The medicine appeared to be grateful to the stomach, and to aid the action of the bowels.

VII. and VIII. *On the Poisonous Effects of Coal-Gas upon the Animal System;* and *Additional Experiments on the Poisonous Effects of Coal-Gas upon the Animal System.* By C. J. B. ADDIS, M. D.—Abstracts of these papers upon the effects of undiluted coal-gas, and the effects of the same gas diluted with atmospheric air in different proportions, together with the remarks made by Mr. Marcet and others at the time of their reading before the Society, are published in the numbers of this Journal for April and for July, 1862.

IX. *On the Temperature, Urea, Chloride of Sodium, and Urinary Water in Scarlet Fever; and on a Cycle in Disease and Health.* By SIDNEY RINGER, M. B. Communicated by Dr. Garrod, F. R. S.—An abstract of the experiments recorded in this very elaborate paper, which is intended to be a sequel of a former paper on "Ague," published by the author in Volume XLII. of the *Transactions*, of which a notice was given in this Journal in the number for April, 1860, is published in the number of this Journal for April, 1862.

This communication is accompanied by nine diagrams, or charts, by which the study of the changes in temperature from day to day is greatly facilitated.

In connection with this subject, it may be thought worthy of mention that we have recently examined, on two occasions, the urine passed by a patient during the long-continued cold stages of pernicious intermittent fever. In both instances it was found to have a specific gravity of 1030, and the excess was determined to be owing to the large quantity of urate of soda it contained.

X. *On Pulse-Breath.* By C. RADCLIFFE HALL, M. D. Communicated by W. Jenner, M. D.—By the term "pulse-breath," Dr. Hall wishes to signify an audible pulsation communicated to the breath, as it issues from the mouth, by each beat of the heart. It must not be mistaken for "pulse-respiration," which is often used to designate the ratio that exists between the frequency of the pulse and the number of the respirations in a given time. It is simply an audible pulsation of the breath as it issues from the patient while he holds his mouth open and breathes as gently and with as little of the ordinary noises of respiration as possible. The sound is that of a gentle gushing of the breath synchronous with each pulsation of the heart, and such as any one may imitate voluntarily, so far as the character of the sound is concerned.

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[1] Beylard, "Du rachitis, de la fragilité des os, de l'osteomalacie." Paris, 1852. It is quite remarkable that Dr. Barnes manifests no acquaintance with this really splendid monograph.

Dr. Hall has noticed the phenomenon he terms "pulse-breath" in three cases. In two there was a large excavation in the lungs, and as the cavity was more empty so the sound was more marked. After an attack of vomiting, by which the cavity was well cleared of its liquid contents, Dr. Hall was able to count the pulse of the patient by listening to his breath at a distance of fifteen feet. The mechanism of the production of pulse-breath in these cases seems to be very evident. A large cavity, old enough to possess walls of sufficient density, which is not immediately separated from the heart by permeable or crepitating lung, or any other intermediate soft texture which could act the part of a damper, and which is tolerably dry for the moment by being emptied of its customary contents, vibrates in accordance with each beat of the heart, and at each vibration throws the air in the cavity, trachea, larynx, and mouth, into a sonorous pulsation. When the cavity is more or less filled with liquid, it no longer vibrates; and, as this is the habitual state of a cavity which has not collapsed, the phenomenon of pulse-breath is not ordinarily present even in such cases as can manifest it under fitting conditions.

The next example of "pulse-breath" related by Dr. Hall is less easy of explanation. The case was one of cardiac disease with enlarged liver, pulmonic congestion, relieving itself occasionally by hæmoptysis, leaky kidneys, and general anasarca of the lower extremities. In this patient a soft, gentle "pulse-breath" was *never* absent when the mouth was held open. It was audible when the patient was asleep, and when awake it was rendered considerably louder when the action of the heart was unusually excited. To explain the production of "pulse-breath" in this case it may be supposed that the impulse of the distended auricles and the pulsation in the pulmonic vessels were communicated through the condensed lung to the air in the bronchial tubes at the same instant of time that the pulse was communicated through the bloodvessels.

The phenomenon to which attention is called by this paper, though we are not aware that it possesses any special diagnostic or prognostic importance, inasmuch as the nature of the case will probably, in every instance, be sufficiently evident without it, is at least one of very considerable interest as a medical problem alone.

XI. *The Brassfounders' Ague.* By EDWARD HEADLAM GREENHOW, M. D.—An abstract of this communication, in which attention is again called to the irregular paroxysms, resembling the paroxysms of ague, affecting those exposed to inhaling the fumes of deflagrating zinc, is published in the number of this Journal for July, 1862.

XII. *On the Connection between a Local Affection of the Lymphatic System and Chylous Urine; with Remarks on the Pathology of the Disease.* By H. V. CARTER, M. D., Professor of Anatomy and Physiology, Bombay Medical College. Communicated by Prescott G. Hewett, F. R.

C. S.—In this communication Dr. Carter gives the history of three cases of disease of the lymphatic system, and then proposes a new view of the nature of the obscure disease characterized by a chylous condition of the urine.

The first case is a well-marked instance of local derangement of the lymphatic system, accompanied by the accumulation of chyle, and its occasional discharge from the cutaneous surface. The urine was unaffected.

In the second case, a local affection of the lymphatic vessels and glands existed, and there was a frequent external discharge of chyle. The urine, moreover, in this case was frequently chylous, in the strict sense of the word.

In the other case, without any external *local* affection of the lymphatics, the patient presented a striking instance of chylous urine, which, as in the other, was intermitting in character.

The view advanced by Dr. Carter is, that chylous urine is connected with an *abnormal distribution of the chyle, which becomes admixed with the urine in a direct manner*, and not through abnormal excretion of the chyle, as Prout supposed, or through its absorption, as is maintained by Dr. Beale.

In the cases where the chyle was poured only on the surface of the body—on the thigh and the scrotum—lymphatic vessels and the glands could be seen to be greatly enlarged and dilated, and this state must have extended upwards, as high indeed as the thoracic duct, for the fluid discharged was not mere lymph, but a rich chylous liquid. Of course if the chyle, in place of being poured out externally, had been turned upon the urinary mucous tract, where local hypertrophy and dilatation of the lymphatic system might readily exist, for the lymphatics of the bladder, ureters, &c., are very numerous and superficial, all the phenomena of chylous urine would have been witnessed. Although direct anatomical proof of the accuracy of these views has not been obtained, they must, nevertheless, be acknowledged to afford a more satisfactory explanation of the phenomena observed in chylous urine than any hitherto offered.

This paper is accompanied by a plate representing the appearance of the parts affected in one of the patients, and also the microscopical appearances of the fluid discharged, both externally and from the bladder.

XIII. *On a Case of Chylous Urine.* By A. T. H. WATERS, M. D.—In the case here related of chylous urine, the patient became well while taking very large doses of an astringent remedy, gallic acid; sometimes to the amount of 135 grains *per diem.* On this account, Dr. Waters argues that the affection is one whose main pathological feature is a relaxed condition of the capillaries of the kidneys.

XIV. *Observations on the Tactile Sensibility of the Hand.* By EDWARD BALLAUD, M. D.—A short abstract of this most elaborate paper, which occupies nearly sixty pages of this volume, is published in the number of this Journal for July, 1862.

Two plates, each containing two figures, are attached to this communication, showing the precise spots at which measurements of the sensibility of the hand were taken, with a number affixed giving the two measurements, by which the sensibility of each spot is calculated. The palmar and the dorsal, and the radial and the ulnar sides of the hand and fingers, are thus represented. These plates are reduced from photographs, so as to be undoubtedly accurate.

XV. *On the Influence of Paralysis, Disease of the Joints, Disease of the Epiphysial Lines, Excision of the Knee, Rickets, and some other Morbid Conditions upon the Growth of the Bones.* By GEORGE MURRAY HUMPHREY, M. D.—This communication, of which an abstract is published in the number of this Journal for July, 1862, is intended as a continuation of the interesting paper on the growth of long bones and of stumps in the last volume of *Transactions.*

It is accompanied by two plates, containing eleven figures, representing several deformities and rickety bones.

XVI. *An Analysis of* 230 *Cases of Lithotomy.* By THOMAS BRYANT. —In this paper Mr. Bryant presents an analysis of all the cases of lithotomy that could be collected from the records of Guy's Hospital for the last twenty-five years. Two hundred and thirty cases are thus brought together, and tabulated as follows:—

Age of patients operated upon	Num. of cases.	Frequency of occurrence, in percentages.		Recoveries.	Deaths.	Percentage fatal.	Proportion fatal.		Num. of cases.	Fatal.	Proportion.
2 years. . . .	6	2.60	73 cases, or 31·17 per cent.	5	1	16·66	1 in 6	Under 10 years of age.	129	6	1 in 21½
3 "	21	9.13		21	–	—	—	*Med. T. & G.*	109	8	1 " 13⅝
4 "	23	10.00		23	–	—	—	Under 15 years of age.	160	8	1 " 20
5 "	23	10.00	Under 10 yrs. of age, 129 cases, or 56 per cent.	21	2	4.34	1 in 11½	*Med. T. & G.*	130	14	1 " $9\frac{2}{7}$
Betw'n 5 & 10 yrs.	56	24.34		53	3	5.34	1 in 18½	——	-	-	—
" 10 " 15	31	13.47	——	29	2	6.45	1 in 15½	——	-	-	—
" 15 " 20	18	7.82	38 cases, or 16·5 per cent.	15	3	16.66	1 in 6	Between 15 & 40 yrs. of age.			
" 20 " 30	13	5.65		11	2	15.38	1 in 6¼		38	6	1 " 6⅓
" 30 " 40	7	3.04		6	1	14.28	1 in 7	*Med. T. & G.*	23	5	1 " 4⅗
" 40 " 50	7	3.04	32 cases, or 13·9 per cent.	3	4	57.14	1 in 1¾	——	-	-	—
" 50 " 60	19	8.26		8	11	57.89	1 in $1\frac{8}{11}$	Above 40 yrs. of age.			
" 60 " 70	5	2.17		2	3	60.00	1 in 1⅔		32	16	1 " 1½
" 70 " 80	1	.43		—	1	100.00	1 in 1	*Med. T. & G.*	33	21	1 " 1¼
	230	99·95		197	33	14.34	1 in 7				

The whole of the cases, with five exceptions, were operated upon by the lateral method. In four of the five the median operation was performed, one of which died. In one the stone was extracted through the rectum.

The well recognized fact that calculous disease is more often seen in early life is the first point attracting attention in this table; more than one-half, or 56 per cent. of all the cases having taken place in children during the first ten years of life. Mr. Bryant states, moreover, that the healthiest looking and apparently best nourished children admitted into a London hospital are those suffering with stone. According to this statement, in childhood, stone in the bladder does not appear to be a disease of debility, but, on the contrary, to belong to a condition of body which is not far from sound health.

Another most prominent point is the great difference in the mortality of the operation of lithotomy at the different periods of life. The cause of death in the majority of the fatal cases was clearly shown to have been renal disease; and it may be safely asserted that from the earliest to the latest periods of life the risks of lithotomy are exactly commensurate with the extent of the disease in the renal organs. Thus, in young children, when such disease is not of frequent occurrence, a good result, as a rule, takes place; but, at a later period, when its presence is more frequent, a bad result has too commonly to be recorded. The best and surest guide to the diagnosis of this complication is the duration of the symptoms, and in proportion to the period of their existence is the renal affection, as well as its extent, to be suspected, and, as a result, is the danger of the operation to be dreaded. The early detection of a calculus becomes, therefore, an important point, and its early removal a necessity.

In a postscript to this communication, Mr. Bryant gives the following table, for the purpose of showing the apparent influence of chloroform upon the mortality of lithotomy.

Cases in which chloroform *was* given.						Cases in which it was *not*.				
Ages.	Number.	Cured.	Died.	Percentage.		Number.	Cured.	Died.	Percentage.	
5 years of age and under .	40	38	2	5.	6.1	31	30	1	3.33	3.1
6 years and 10 inclusive .	38	35	3	7.8		21	21	–	—	
11 " 15 .	19	18	1	5.2		11	10	1	9.09	
16 " 20 .	10	7	3	30.	35.2	8	8	–		
21 " 30 .	5	3	2	40.		8	8	–		
31 " 40 .	2	1	1	50.		5	5	–		
41 " 50 .	4	2	2	50.	62.5	3	1	2	66.66	
51 " 60 .	9	3	6	66.		10	5	5	50.	56.2
61 " 70 .	3	1	2	66.		2	1	1	50.	
71 " 80 .	–	–	–	——		1	–	1	100.	
	130	108	22	16.9		100	89	11		

The weight of evidence afforded by this table, taking the numbers as a whole, apparently tends against the administration of chloroform. The mortality of the operation of lithotomy without the use of the anæsthetic was 11 per cent., and with it 16.9 per cent.; the difference between the two classes of cases was, therefore, 5.9 per cent.; the use of chloroform raising the mortality 50 per cent.

XVII. *On the treatment of Acute Rheumatism, considered with regard to the liability to affections of the Heart under different remedies.* By W. H. DICKINSON, M. D.—When it is considered how large a proportion of the multitudes who die every year from valvular disease of the heart, owe their fate to the progressive mischief initiated by rheumatic fever, we may appreciate the importance to humanity of any discovery by which this fatal alliance is prevented. From the multitude of facts which the profession now possesses on the subject, we believe that it may safely be concluded that the carbonates of potassa and soda, with those of their other salts, which in the body must be presumed to be converted into the carbonates, exert an especial curative power over rheumatic fever, and, if given in time, will completely protect the heart from the dangers by which it is surrounded. It is worth remarking, in connection with this subject, that, contrary to what would have been expected, no part of the prohibition which is afforded by full doses of the alkalies, or of decomposable salts, appears to be afforded by quantities which fall short of a certain definite amount. As far as the heart is concerned, "partial alkaline treatment" is useless.

The following is an abstract of Dr. Dickinson's tables, which include 164 cases:—

Number of table.	Treatment.	Number of cases so treated.	Cases in which h'rt became affected.	Average number of days in hospital.	Cases which ended fatally.
1	Venesection, with other remedies	8	4	41	0
2	Mercury	6	2	29	0
3	Nitre	7	1	27	0
—	Reputed specifics (including guaiacum, Dover's powder, opium, iodide of potassium, and quinine)	7	4	46	0
4	Salines (less than ʒiij of salts daily	7	2	33	0
5	Salines with nitre	28	6	32	0
6	Salines with nitre and mercury	7	1	36	1
7	Salines with mercury	11	3	43	1
8	Salines with specifics	9	5	35	0
9	Partial alkaline (less than ʒiv of salts daily)	8	3	28	0
10	Partial alkaline, with other medicines	9	3	40	0
11	Full alkaline (more than ʒiv daily)	22	1	25	0
12	Full alkaline, with other medicines	26	0	30	0
13	Salts of ammonia	3	0	22	0
14	Incapable of classification	6	1	65	0

XVIII. *Amaurosis consequent on Acute Abscess of the Antrum, produced by a Carious Tooth.* By S. JAMES A. SALTER, M. B., F. L. S., Surgeon-Dentist to Guy's Hospital.—An abstract of this communication, giving the details of a very exceptional and important case, is published in the number of this Journal for October, 1862.

This paper is accompanied by a plate giving the appearance of the peripheral terminations of the optic nerves in the retina of the two eyes, as seen by the ophthalmoscope.

XIX. *Two Cases of extensive Arterial Obstruction from separated Cardiac Vegetations, followed by Gangrene of the Lower Extremities and Death.* By S. J. GOODFELLOW, M. D.—An abstract of this communication is published in the number of this Journal for October, 1862. Instances of the plugging of arteries by so-called vegetations from the heart are not uncommon, but the extent to which the plugging took place in these cases, the number of vessels involved, the morbid changes in and around the walls of the vessels at the seat of obstruction, and the consequences which ensued give a peculiar interest to those here recorded by Dr. Goodfellow.

This paper is accompanied by a coloured plate, representing the condition of the heart and bloodvessels, and the spleen and kidney.

XX. *Case of Iliac Aneurism.* By JAMES SYME, F. R. S. E.—An abstract of this communication is published in the number of this Journal for October, 1862. In a postscript, in the volume before us, which we will transcribe, we learn the termination of this very extraordinary case. Mr. Syme here writes as follows:—

> "This was communicated to the Society only a month after the operation, in consequence of my having occasion to be in London at that time. The favourable anticipations of complete recovery then entertained were not realized, as the general health, from having been greatly impaired, did not improve in proportion to the local progress. The patient's state seemed very precarious until the end of nearly three months, when so decided a change for the better took

place as to remove all anxiety. But soon after this, from unfortunately sleeping with an open window, inflammation of the pleura was excited, and it proved fatal on the 31st of July. On examination it was found that the external iliac had been torn completely across and drawn up into the pelvis, where its open mouth, being mistaken for a slit, had imposed upon the gentlemen who had assisted me, and myself, so as to make us suppose that the ligatures were applied immediately above instead of below the bifurcation of the common iliac, the whole extent of which was imbedded in the sac. The true state of matters, thus ascertained, tends to strengthen the principle of practice which it was the object of the paper to maintain."

XXI. *Contribution to the Statistics of Cancer.* By W. M. BAKER, M. R. C. S. Communicated by James Paget.—An abstract of this important contribution to surgical statistics is published in the number of this Journal for October, 1862.

XXII. *Report upon Syphilis, with reference to the more Mixed and Unusual Forms of the Primary Symptoms.* By JEFFREY A. MARSTON, M. D., Assistant Surgeon of Royal Artillery. Communicated by Henry Lee, F. R. C. S.—In this paper the writer, who, as an army medical officer, enjoyed certain obvious advantages in his observations, speaks of syphilis, and with especial reference to its more unusual, mixed, and anomalous forms. The following points are particularly treated of:—

I. The varieties of infecting sore.
II. The results of auto-inoculation.
III. The occurrence of syphilitic infection after suppurating bubo.
IV. The occurrence of constitutional symptoms following an urethral discharge clinically identical with gonorrhœa.
V. The bubon d'emblée.
VI. The periods of incubation preceding the appearance of the two kinds of venereal sores, and the absence of any proof that we can guarantee against constitutional infection by any abortive treatment applied to the primary syphilitic lesion.

On each of these points there is much that is valuable in this Report. Reports of cases made with intelligence, and under unusual facilitating circumstances, and judged after a thorough acquaintance with the conclusions of others, render it, in our opinion at least, one of the most remarkable papers that has appeared among the many recent important contributions to our knowledge of venereal disease.

XXIII. *Case of Aneurism of the External Iliac and Common Femoral Arteries, treated by Digital Pressure. With Observations.* By HENRY LEE.—The case of aneurism reported in this communication is one of considerable interest in several respects; but the observations thereupon are not so remarkable.

The patient, a man 31 years of age, experienced some pain in the left groin after a fall while running; this increased, and a swelling, that "jumped," made its appearance. At the time Mr. Lee saw him, or some four months after the fall, the left thigh was much swollen, with some marks of livid discoloration; in the groin was a tumour four inches in diameter, and pulsating strongly. Continued digital pressure upon the left external iliac artery was kept up for some five weeks with occasional interruptions; the pain, the pulsation, and the thrill were at one time greatly diminished, but afterwards again increased. The pain and swelling became greater, the disturbance of the patient's constitution was more considerable, and four months after he came under Mr. Lee's observation he died, the limbs having become cold on the previous day.

The examination of the affected limb, which was the only portion of the body that could be examined, showed the following condition:—

"The superficial femoral artery having been exposed, it was traced to its termination in the common femoral, and this was dissected to its termination in the remains of the sac of the aneurism. All the coats of the artery were here seen to become suddenly dilated, and after the course of a few inches to terminate in an irregular and fimbriated margin. The greater part of the walls of the aneurismal cavity was formed by the surrounding structures, a complete separation having taken place between the upper and lower part of the artery. In the situation of the aneurism, when first observed, was a very firm coagulum of fibrin, of an oval form. This formed a sac complete in every part, with the exception of its two extremities, which lay in the direction of the natural course of the artery.

"The left iliac fossa contained a large cavity filled with coagulated blood which extended nearly as high as the umbilicus. The body of the pubes, and the femur for several inches below its lesser trochanter, presented a rough, irregular surface, from which small particles of bone could be detached with the nail. All the parts thus affected were in contact with the blood effused from the sac of the aneurism.

"The superficial femoral artery was found to contain portions of decolorized fibrin, which had evidently passed into it from above. A piece of this artery was removed, and although not presenting any marks of disease to the naked eye, it was torn across by very moderate extension made with the fingers."

The complete separation that existed in this case between the upper and lower portions of the artery which formed the aneurism, makes the subject of the kind of treatment suitable to the case a very important point for consideration, but we see nothing to remark upon in what is here said.

XXIV. *Report of the Committee appointed by the Royal Medical and Chirurgical Society to investigate the subject of Suspended Animation.*—A summary of this valuable report is published in the number of this Journal for October, 1862. W. F. A.

ART. XVI.—*Clinical Medicine. Observations Recorded at the Bedside, with Commentaries.* By W. T. GAIRDNER, Physician to the Royal Infirmary of Edinburgh, and Lecturer on the Practice of Medicine. Edinburgh: Edmonson & Douglas, 1862. 8vo. pp. 741.

THIS work claims at the hands of the reviewer a larger space than we can at present accord to it. The author's previous contributions to medical literature have secured for him the reputation of an earnest worker in the study of disease, a close and careful observer, a proficient in physical diagnosis, an acute reasoner, and a truth-seeker. At the present moment, indeed, among those who are devoted to clinical medicine, few, if any, hold a higher place in the estimation of medical readers on this side of the Atlantic than Dr. Gairdner. They are fully prepared to receive with satisfaction a work from his pen with the above title. We should be glad to give the work an extended analytical reviewal. We should render a service by so doing to the readers of this Journal; but the service will perhaps not be less if our brief notice may lead some to read the work who would be satisfied with a more comprehensive examination of it by the reviewer.

The work is made up of various clinical lectures, together with a variety